Indigenous Services Canada | Services aux Autochtones Canada

INCOME ASSISTANCE
WORK SEARCH ACTIVITIES RECORD

This is a mandatory form for all applicants and employable income assistance clients to complete and send to their Band Social Development Worker.

The Department of Indigenous Services Canada expects employable clients to search for, accept and continue in employment. Clients in special circumstances who meet specific criteria may be exempt or temporarily exempt from these employment-related obligations.

LAST NAME	FIRST NAME		BIRTH DATE (YYYY MM DD)
ADDRESS		POSTAL CODE	TELEPHONE

REASONABLE WORK SEARCH ACTIVITIES

- Preparation of (i.e. drafting, typing, photocopying) resume and/or cover letters, when completed in combination with employer contacts
- Telephone inquiries to potential and specific employers
- Fact finding interviews, when completed in combination with employer contacts
- Responding to newspaper ads, internet, cold calling potential employers, networking
- Submitting applications for employment Submitting letters and/or resumes for employment
- Participating in employment interviews
- Attending workshops for professional development, resume preparation or employment search
- Volunteer activities
- Networking with friends, relatives, neighbours, previous employers, colleagues etc.
- ***Other activities your BSDW has approved that meet the work search requirement***

INSTRUCTIONS: Instructions: 1) List the date, 2) the type of activity (and how you did it), 3) the business/contact name and phone number, and 4) the Results of the Activity.

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Date of activity	Type of activity	Location of activity	Contact name and phone number if applicable	Results of your activity

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Date of activity	Type of activity	Location of activity	Contact name and phone number if applicable	Results of your activity

(ADD ADDITIONAL PAGES IF NECESSARY)

If you have not looked for work, please check off the applicable box:

□ Hospitalized □ Over 65 Years of Age □ Medical or Physical Condition

□ Other (please explain why):

_____

I declare that all the information I have given in this form is true and complete.

Client Signature: _____ Date (YYYY MM DD): _____